

A05000001291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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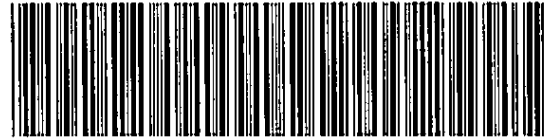
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 3001 NE OCEAN BLVD., LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000001291

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NICOLE J. HUESMANN  
Contact Person

NICOLE J. HUESMANN, P.A.  
Firm/Company

150 ALHAMBRA CIRCLE, SUITE 1150  
Address

CORAL GALBES, FL 33134  
City, State and Zip Code

NJHUESMANN@NJHLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE J. HUESMANN at ( 305 ) 858-0220  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

MARK S. SCOTT, ESQ. (SCOTT, MARK SESQ.)

Name of Registered Agent

hereby resigns as


Registered Agent for 3001 NE OCEAN BLVD., LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A05000001291

Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
Signature of Registered Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**Filing Fee:** \$87.50  
**Certified Copy (optional):** \$52.50

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